GEH - 35

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH

SCHOOL BUILDING INSPECTION REPORT

REASON	INSPECTION DATE	ESTABLISHMENT NAME	O Person Inc. and Person
Regular	3 /30 / 17	MARIA ARTERO CATHOLIC PRE	ECHOL & FINDERSAR
Follow-up	INSPECTION TIME	OWNER/OPERATOR MARIA ARTERO CATROLIC PRE	ection & KINDERGIE
Complaint	TRAVEL TIME	LOCATION	0 1 100
Investigation	Hr. / Min.	AGANA HEIGHTS	terlies best teleparate to 10
Other (Specify)	SANITARY PERMIT NO.	PERMIT CATEGORY STATUS (Circle One) Permanent, Temporary/Current, Expired	ESTAB. TYPE School

Based on an inspection this day, the items listed below identify violations in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified by the Department. Failure to comply may result in cessation of your operations.

ITEM NO.	REMARKS	CORRECT BY:		
	A PEQUAR INSPECTION WAS CONDUCTED.	DATE		
. syster autos	PREVIOUS INSPECTION CONDICIED ON 12/15/16-(0,A)	D (
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4	201 March Control Cont	175001		
4	The grand summer to compliance with CPSC.	Mynemic		
	I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.	OLIN AND		

*When any of the following items are cited above, they shall be corrected within ten days of this inspection: (01), (02), (23), (27), (31).

RECEIVED BY (Name and Title)
Sr. AWOTIA Add, MMP)
DEH INSPECTOR (Name and Title)

J. CRUZ ETHO! M

WHITE COPY - OFFICE PINK COPY -ESTABLISHMEN